15915 U.S.PTO 100603

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC
P.O. Box 19928
Alexandria, Virginia 22320
Telephone: (703) 836-6400
Facsimile: (703) 836-2787

Attorney Docket No.: 117191

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19270 U.S.PTO 10/678358 100603

MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL
RULE §1.53(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): METHOD OF MAKING PACKAGE CONTAINING SEMICONDUCTOR DEVICES AND DESICCANT

By (Inventors): Yukio SHIBATA

☒ Formal drawings (Figs. 1-3; 2 sheets) are attached.
☐ Use Figure _____ for front page of Publication.
☒ A Declaration and Power of Attorney is filed herewith.
☐ This application claims benefit of Provisional Application No. _____ filed _____.
(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
☒ This patent application is assigned to Kawasaki Microelectronics, Inc.
☒ The executed Assignment is filed herewith.
☐ An Information Disclosure Statement is filed herewith.
☐ Entitlement to small entity status is hereby asserted.
☐ A Preliminary Amendment is filed herewith.
☒ Priority of foreign application No. 2002-304458 filed October 18, 2002 in Japan is claimed (35 U.S.C. §119).
☒ A certified copy of the above corresponding foreign application is filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
☒ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE		OTHER THAN A SMALL ENTITY RATE	OTHER THAN A SMALL ENTITY FEE
BASIC FEE				$ 385	OR		$ 770
TOTAL CLAIMS	5 - 20	= *0	x 9 =	$	OR	x 18	$
INDEP CLAIMS	3 - 3	= *0	x 43 =	$	OR	x 86	$
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 145 =	$	OR	+ 290	$
			TOTAL	$	OR	TOTAL	$ 770

* If the difference is less than zero, enter "0".

☒ Check No. 147142 in the amount of $770 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff
Registration No. 27,075

Joel S. Armstrong
Registration No. 36,430

JAO:JSA/rew